

For your



Commonwealth of Massachusetts  
Group Insurance Commission

Your  
Benefits  
Connection

# BENEFIT

Published by the GROUP INSURANCE COMMISSION for active and retired employees of the Commonwealth of Massachusetts and participating communities

Deval Patrick, Governor

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Winter 2010

## GROUP INSURANCE COMMISSION

*Providing State and Participating  
Community Employees, Retirees,  
and Their Dependents with Access  
to Quality Care at  
Reasonable Costs*

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## FY11 Annual Enrollment

**Monday, April 12- Monday, May 10, 2010**  
***For Changes Effective July 1, 2010***

Annual enrollment gives you the opportunity to review your benefit options and choose a new health plan or make other benefit changes if you desire and are eligible. See your *Benefit Decision Guide*, mailed in April, for an overview of your benefits and any important benefit and rate changes that will become effective July 1. Active employees will receive the Guide from their personnel office. Retirees and survivors will receive the Guide at their homes.

## GIC Benefits to Change for Employees and Non-Medicare Retirees and Survivors Effective February 1, 2010

To help meet the GIC's projected FY10 deficit of \$35 million, the Commission voted on November 20, 2009, to implement benefit changes effective February 1, 2010. These changes affect all employee and Non-Medicare retiree/survivor health plans. While it is not unheard of for there to be a need for a supplemental budget when costs exceed planned levels, it is rare that benefit changes are needed mid year. Given the state's bleak revenue forecast, however, there is no expectation that a supplemental budget will be submitted this year to make up the projected deficit.

Meanwhile, health care expenses continue to skyrocket due to increased utilization coupled with increasing prices charged by providers – doctors, hospitals, imaging centers and the prescription drug manufacturers. For every \$1.00 of GIC health plan premium, approximately \$0.90 is paid to providers. In other words, provider payments are where almost all the dollars are going, and new laws are adding members in January, February and the spring, further adding to our expected costs.

### Benefit Changes Effective February 1, 2010:

- ❖ Primary Care Physician Office Visit Copay: \$5 increase across all tiers
- ❖ Specialist Office Visit Copay: \$5 increase across all tiers
- ❖ Retail Clinic Copay: \$5 increase
- ❖ Physical Therapy, Chiropractic, Routine Eye Exam, Speech Therapy and Occupational Therapy Copay: \$5 increase
- ❖ Outpatient Surgery Copay: \$10 increase - no increase for Fallon Select, Harvard Pilgrim Independence or Tufts Navigator
- ❖ Hi-tech Imaging (e.g., MRI, PET and CT scans) Copay: \$25 increase
- ❖ Emergency Room Copay: \$25 increase
- ❖ Mental Health/Substance Abuse Outpatient Visit Copay: \$5 increase
- ❖ New calendar year deductible of \$250 per member to a maximum of \$750 per family. This is a fixed dollar amount you must pay before your health plan begins paying benefits for you or your covered dependent(s). The deductible will not be applied to office visits, mental health/substance abuse benefits or prescription drug benefits. Ancillary tests and procedures performed at an office visit, however, are subject to the deductible.

*continued on page 3*

# Does Minimally Invasive Surgery Make Sense for You?

*By Robert Sorrenti, M.D., UniCare State Indemnity Plan*



**I**n 1987, a surgeon performed the first laparoscopic gall bladder removal. He removed the patient's gall bladder by putting a tube (laparoscope) into the abdomen through a small incision, instead of making a big incision to insert retractors, hands, and scalpels for conventional surgery.

This opened the door to minimally invasive surgery (MIS), creating an explosion in the use of the laparoscope to help replace traditional, more invasive, surgical methods. In fact, laparoscopic surgery is now the preferred method for gall bladder removal.

MIS uses technological advances in surgical instruments and techniques to help avoid disrupting or injuring healthy body parts. In addition to the laparoscope, other kinds of "scopes" have been developed, like arthroscopes and endoscopes. These instruments allow doctors to look inside body cavities and perform procedures through the "scopes" without the need for the large incisions of conventional surgery. Consequently, doctors today can use MIS for surgeries of the back, heart, knees, abdomen and more. Operating on joints, taking out prostates and appendixes, and repairing hernias are some of the frequent applications of MIS.

Compared to traditional surgical methods, patients undergoing MIS generally have less pain, quicker recovery times, and shorter stays in the hospital. Clearly, patients eager to get back to normal activities after surgery would find these differences beneficial.

MIS is not minor surgery but a different way to perform major surgery. All types of surgery have some risk of complications, even MIS. So patients should discuss with their doctors whether MIS is the best way to proceed and whether it has better outcomes than the other approaches. MIS has created groundbreaking advances in surgical technique, leading to significant improvement in patient care. Doctors now have a greater ability to deal with both routine and complicated surgical conditions. As with any type of surgery or treatment, patients should evaluate the options, understand the risks and make informed decisions with their doctors.

*Robert W. Sorrenti, MD, MHA, is the Regional Vice President Chief Medical Officer for UniCare, a subsidiary of WellPoint, Inc., one of the largest health benefits companies in the U.S. His responsibilities include oversight for UniCare's medical management program and its various components. Dr. Sorrenti has an MD from Harvard Medical School and an MHA from Clark University.*



*Jason Dickie (left), Human Resource Director for the Norfolk County Sheriff's Office, helps retirees enroll in GIC benefits at the GIC informational fair held at the Reggie Lewis Center in Boston.*



*Mark Gabriel (left), Deputy Director Human Resources for the Plymouth County Sheriff's Department, helps an employee enroll in GIC benefits at the GIC informational fair held at the Plymouth County Sheriff's Training Facility.*

# Should You Trust a Prescription Drug Ad?



**I**f you're taking Lipitor for high cholesterol and it's working, why switch?" If you've listened to the radio lately, you're probably familiar with this advertisement. The ad contends that Lipitor is one of the most effective cholesterol medications and that Lipitor may be a better choice than generic medications.

According to Consumer Reports, for a select group of high-risk patients, atorvastatin, the main ingredient in Lipitor, is a good choice. However, for most of the 20 million Americans taking a statin — a class of cholesterol-lowering medications — less expensive generic options are just as effective.

## Generic Medications

Generic drugs have the same active ingredients in the same dosage and strength as their brand name counterparts. A generic can have different inactive ingredients, such as color or flavoring agents. Of current statins, three — Zocor, Mevacor and Pravachol — are available as generics. Generics cost less than brand name medications: a September 2008 Kaiser Family Foundation study found that the average brand name prescription price in 2007 was over three times the average generic price. A big factor that drives brand name drug costs is advertising.

## Drug Advertisements are Effective

According to a Kaiser Family Foundation April 2008 study, drug manufacturers spent \$10.4 billion on advertising in 2007: \$3.7 billion on direct to consumer advertising and \$6.7 billion on physician advertising. These ads are effective and have helped to make the pharmaceutical manufacturers one of the nation's most profitable industries with 15.8% in profits as a percent of revenues compared to 5.7% for all Fortune 500 firms in 2007. In 2008, 91% of adults saw or heard advertisements for prescription drugs, which

led to changes in behavior according to the study:

- ❖ 32% of adults talked to their doctors about the drug they saw advertised
- ❖ For these adults, 82% of their doctors prescribed a prescription drug — 44% for the drug advertised and 54% for another drug

## Make Informed Choices

Bring a copy of your prescription drug formulary list (those drugs with lower copays) with you to your doctor's office to discuss which drugs make sense for your particular condition. Express Scripts, the pharmacy benefit manager for the UniCare State Indemnity Plans, mails all subscribers a new formulary at the beginning of January. Other GIC plans have the formulary on their website, or you can call the plan and have a copy mailed to you.

In particular, if you have high cholesterol and your doctor has determined that you need a statin, Consumer Reports recommends the following steps:

- ❖ Ask your doctor about generics for Mevacor or Pravachol if you need to lower LDL (bad) cholesterol by less than 30 percent;
- ❖ Consider generic Zocor if you need 30 percent or greater LDL reduction or have heart disease or diabetes, or if you have had a heart attack or have acute coronary syndrome and your LDL level is not high; or
- ❖ Ask about atorvastatin (Lipitor) if you have had a heart attack or have acute coronary syndrome or your LDL is high

*For additional information about your prescription drug benefits, contact Express Scripts (UniCare plan members) or your health plan (all other GIC health plans). See page 7 for phone numbers and website addresses.*



## GIC Benefits to Change for Employees and Non-Medicare Retirees and Survivors Effective February 1, 2010 *continued from page 1*

One bit of good news is that, as a result of these changes, your health plan premiums will go down slightly effective February 1, 2010.

The GIC certainly regrets having to make these benefit changes. All GIC health plans (Non-Medicare) will have the same increases and it is not known at this time whether these changes will carry into FY11. Additional details about health plan benefits for FY11 will be included in your *GIC Benefit Decision Guide*, that is delivered before annual enrollment, April 12 - May 10, 2010. Annual enrollment gives you the opportunity to change health plans if you wish to do so.

*Please see the GIC's website for additional information about the new deductible, benefit, and premium changes: [www.mass.gov/gic](http://www.mass.gov/gic). Your health plan will also send you additional details.*

## Six Massachusetts Hospitals Earn Top Safety Ranking by Leapfrog Group



The GIC congratulates the following Massachusetts hospitals, whose safety practices have earned them a “2009 Leapfrog Top Hospitals” award. The Leapfrog Group, a coalition of employers, including the GIC, committed to the safety, quality and affordability of health care for Americans, bestowed the following hospitals with their safety award in December:

Beth Israel Deaconess Medical Center; Boston  
North Shore Medical Center – Union Hospital; Lynn  
Brigham and Women’s Hospital; Boston  
Norwood Hospital; Norwood  
Baystate Medical Center; Springfield  
Children’s Hospital Boston; Boston

For additional details about Leapfrog’s Best Safety Practices and to search safety practices by hospital, visit [www.leapfroggroup.org](http://www.leapfroggroup.org).



*Alexandra Coffin (top), a nursing major at the University of Massachusetts in Amherst, and Meredith Hadley (bottom), a nursing major at the University of Pittsburgh, each won a \$2,500 Tufts Health Plan scholarship.*



*Ms. Coffin is the daughter of John Coffin, who works for Westborough State Hospital and Ms. Hadley is the daughter of William Hadley, who works as a Trial Court Justice.*

*Tufts Health Plan received many applications from undergraduate students of GIC members. In addition to demonstrating an interest in the allied health field, applicants addressed factors contributing to rising health care costs and described ways consumers, health plans and employers can help to control these costs in their essay submission. Congratulations to Alexandra and Meredith!*

## Express Scripts Member News for UniCare State Indemnity Plan Members

### Make Your Selection for Maintenance Medications

If you are taking a maintenance medication for a chronic condition, such as asthma, high blood pressure, or cholesterol, and you get your prescriptions through a local retail pharmacy, you may be contacted by Express Scripts to see if you are interested in saving money by switching to mail order home delivery of your medications. If you receive one of these letters or automated phone calls, ***you must call Express Scripts to indicate whether you would like to switch to mail order or whether you wish to continue using a retail pharmacy.*** The choice is still yours, but you must make that choice and notify Express Scripts what it is. If you do not call, you may not be able to refill your prescription at the local pharmacy until you call to indicate your preference.

### Refill Reminders Available

You reach for your prescription bottle and notice there aren’t many pills left. A sinking feeling sets in – you will soon run out of your medication. You receive your medications through mail order because it saves you money – one copay every three months. Plus, you like the convenience of home delivery of your medications. But, you forget to call in for a refill and now worry about when your next shipment could arrive.

This scenario doesn’t need to happen to you if you are a UniCare/Express Scripts plan member. Just call Express Scripts at 1-877-828-9744 and ask for refill reminders. Express Scripts, your prescription drug program manager, will then contact you with an automated telephone call to let you know it’s time to order your next refill. With refill reminders, you’ll no longer need to worry about getting your necessary medications on time *and* you will save on out of pocket costs with convenient mail order!



## State Employee and Retiree Benefit Statements Will Be Mailed Late January



**S**tate employees and retirees with coverage as of January 1, 2010, will be mailed a personalized annual benefit statement at the end of January. This statement gives an overview of your health, life, and other benefits and who is covered under your plan(s). Review the statement carefully to see if there are any errors:

- ❖ Spelling of your name and covered dependents
- ❖ Status of your covered dependents
- ❖ Life insurance beneficiary
- ❖ Home address
- ❖ Marital status of you and, if applicable, your former spouse

Forms and instructions to make changes will be enclosed with the mailing. In cooperation with the State Board of Retirement, the GIC is again sending active employees their State Board of Retirement beneficiary information. In the event that you die while still in active state service and before your retirement, this beneficiary (as distinguished from your GIC life insurance beneficiary) receives certain pension benefits as well as payment of any unused vacation and sick time owed.

**If everything is correct on the benefit statement, you do not need to do anything.** File your statement with your important papers; *it's the only statement you will receive in 2010.*



*Leeann Farr (left), Account Specialist for Benefit Strategies, the GIC's new Flexible Spending Account administrator, sits with Paul Murphy, the GIC's Director of Operations, at the informational fair held at the Plymouth County Sheriff's Training Facility.*

## Keep in Mind... Moving to a Seasonal Address



**I**f you are moving to sunny Florida, or another seasonal address or making a permanent address change, be sure to update the GIC of your address information so that you will receive the *Benefit Decision Guide* and other important GIC benefit communications. Write to the GIC to request the change, including your GIC ID number or Social Security Number, name, current address, and new address. A reversion to your local address is not automatic – be sure to also let us know if you want the address changed back to a local address: GIC Public Information Unit, P.O. Box 8747, Boston, MA 02114-8747.

## The GIC Welcomes Employees, Retirees and Survivors from the Following Groups Effective July 1, 2010!

Town of Brookline

Town of Hopedale

Wachusett Regional School District  
Merrimack Valley Planning Commission



*Joanetta Hill (left) and Evelyn Smith, from the Benefits Office of MassDOT, help their employees enroll in GIC benefits at the Transportation Building GIC informational fair.*

# Choice Can Mean Higher Costs in Health Care

If you want access to every doctor, hospital and procedure in health care, you usually pay for it:

## Plan Choice and Premiums

As a GIC member, you have a wide range of plan types. If you are an employee or Non-Medicare retiree, you may choose from an indemnity plan, several PPO-type plans, and HMO plans. If you are a Medicare retiree, you have indemnity Medicare and Medicare HMO options.



Indemnity plans allow you to go to any doctor or hospital you choose. This choice and flexibility has the highest premium cost.

Health Maintenance Organizations (HMOs) are a network of health care professionals – doctors, hospitals and other medical care providers — that provide health care benefits.

Each patient has a primary care physician who helps determine when a specialist is necessary. Out of network services are not covered, except for urgent or emergency care. HMOs often have lower premiums and copays.

Preferred Provider Organizations (PPOs) offer coverage by network doctors, hospitals and other health care providers, with lower benefit levels for out-of-network care. PPO premiums are lower than indemnity plans, but generally higher than HMO plans.

## Physician Choice and Copays

With all GIC plans, you may visit any physician within a plan's network, but you will pay higher copays for providers with the lowest combined quality and efficiency scores (★Tier 3 - standard). Physician claims have been analyzed for differences in nationally-recognized measures of quality and efficiency for particular specialties. An example of a quality measurement for obstetricians is whether or not

the physician routinely screens pregnant women for HIV. For ophthalmologists, a quality measurement is how many cataract surgeries the physician has performed without complications. Examples of physician low efficiency scores may be overutilization of resources, such as excess MRIs, multiple lab tests, or more office visits for the same condition compared to their peers.

You save money by visiting physicians with the highest combined quality and efficiency scores:

- ★★★Tier 1 (excellent) – lowest copay
- ★★Tier 2 (good) – middle copay
- ★Tier 3 (standard) – highest copay



## Hospital Choice and Copays

With the GIC's PPO-type plans, you can use any hospital in the plan's network, but will pay higher copays for hospitals that have high costs and/or low quality. The Division of Health Care Finance and Policy's November 2009 report on the cost and quality of hospitals in the Commonwealth found wide disparities:

- ❖ The risk-adjusted mortality rate for stroke ranges from a low of no deaths per 100 discharges at one hospital to a high of 18.5 deaths per 100 discharges at another hospital
- ❖ The median hospital cost of imaging for:
  - ❖ A CT scan of the chest with contrast ranges from \$350 at one hospital to \$1,300 at another
  - ❖ A mammogram ranges from \$75 at one hospital to \$250 at another
  - ❖ An MRI of the lumbar spine ranges from \$500 at one hospital to \$1,670 at another

The Health Care Quality and Cost Council's website, [www.mass.gov/myhealthcareoptions](http://www.mass.gov/myhealthcareoptions), allows consumers to compare hospitals on quality and cost for various procedures. Remember to talk with your doctor and your health plan to find out which hospital is best for you and the procedure you need performed.

*The bottom line – choice can mean higher costs in health care, but with careful evaluation of your plan, doctor and hospital needs, you can save money.*

# The GIC will Cover H1N1 Vaccines at DPH Clinics

If you or your covered spouse and dependents visit a Department of Public Health (DPH)-sponsored clinic for a H1N1 (swine) flu vaccine, the GIC will cover the cost of your vaccine. Simply show your GIC health plan member ID card, complete an information form, and you will receive the H1N1 flu vaccine at no charge. Members of the UniCare State Indemnity Plans can also receive a seasonal flu vaccine through a DPH clinic at no charge.



H1N1 is spreading quickly across the country and children and young adults can be at high risk for complications from this strain of the flu. Symptoms of 2009 H1N1 flu virus include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. Flu viruses are spread mainly from person to person through coughing or sneezing by people with influenza. Sometimes people may become infected by touching something – such as a surface or object – with flu viruses on it and then touching their mouth or nose. DPH offers the following guidelines to lower your chances of getting and spreading the flu:

- ❖ Get both a H1N1 and seasonal flu vaccine
- ❖ Cover your mouth when you sneeze with a tissue or your inner elbow, not your hands
- ❖ Wash your hands often with soap and warm water or an alcohol-based gel
- ❖ Stay home if you are sick

For a list of local DPH-sponsored flu clinics, visit <http://flu.masspro.org> and search clinics by zip code. Flu vaccines may also be available through your physician's office.

## GIC's Annual Public Hearing

**Wednesday, February 3, 2010  
12:30 p.m. – 2:30 p.m.**

Minihan Hall, 6<sup>th</sup> Floor  
Charles F. Hurley Building  
19 Staniford Street, Boston, MA 02114

*All GIC-eligible employees and retirees are welcome to attend our annual public hearing. The GIC will describe benefit and premium prospects for FY11, and all attendees are invited to express their views.*

### GIC BENEFIT ACCESS Health Insurance

Fallon Community Health Plan Direct Care, Select Care, Senior Plan	1-866-344-4442 <a href="http://www.fchp.org">www.fchp.org</a>
Harvard Pilgrim Health Care Independence Plan Medicare Enhance	1-800-333-4742 <a href="http://www.harvardpilgrim.org/gic">www.harvardpilgrim.org/gic</a> <a href="http://www.harvardpilgrim.org">www.harvardpilgrim.org</a>
Health New England HMO, MedPlus	1-800-310-2835 <a href="http://www.hne.com">www.hne.com</a>
NHP Care <i>Neighborhood Health Plan</i>	1-800-462-5449 <a href="http://www.nhp.org">www.nhp.org</a>
Navigator by Tufts Health Plan  Mental Health/Substance Abuse and EAP ( <i>United Behavioral Health - UBH</i> )	1-800-870-9488 <a href="http://www.tuftshealthplan.com/gic">www.tuftshealthplan.com/gic</a> 1-888-610-9039 <a href="http://www.liveandworkwell.com">www.liveandworkwell.com</a> (access code: 10910)
Tufts Health Plan Medicare Complement Medicare Preferred	1-888-333-0880 <a href="http://www.tuftshealthplan.com">www.tuftshealthplan.com</a>
UniCare State Indemnity Plan/ Basic, Community Choice, Medicare Extension (OME), and PLUS  Prescription Drugs ( <i>Express Scripts</i> )	1-800-442-9300 <a href="http://www.unicarestatplan.com">www.unicarestatplan.com</a> 1-877-828-9744 <a href="http://www.express-scripts.com">www.express-scripts.com</a>
Mental Health/Substance Abuse and EAP ( <i>United Behavioral Health - UBH</i> )	1-888-610-9039 <a href="http://www.liveandworkwell.com">www.liveandworkwell.com</a> (access code: 10910)

### Other Benefits for State Enrollees

Life Insurance and AD&D ( <i>The Hartford</i> )	Call the GIC 1-617-727-2310, ext. 1 <a href="http://www.mass.gov/gic">www.mass.gov/gic</a>
Long Term Disability (LTD) ( <i>Unum</i> )	1-877-226-8620 <a href="http://www.mass.gov/gic">www.mass.gov/gic</a>
Employee Assistance Program (EAP) for Managers and Supervisors ( <i>United Behavioral Health</i> )	1-888-610-9039 <a href="http://www.liveandworkwell.com">www.liveandworkwell.com</a> (access code: 10910)
Health Care Spending Account (HCSA) & Dependent Care Assistance Program (DCAP) ( <i>Benefit Strategies</i> )	1-877-FLEXGIC 1-877-353-9442 <a href="http://www.mass.gov/gic">www.mass.gov/gic</a>
GIC Retiree Vision Discount Plan ( <i>Davis Vision</i> )	1-800-783-3594 <a href="http://www.davisvision.com">www.davisvision.com</a>
GIC Retiree Dental Plan ( <i>MetLife</i> )	1-866-292-9990 <a href="http://www.metlife.com/gic">www.metlife.com/gic</a>
Dental Benefits for Managers, Legislators, Legislative staff and Executive Office staff ( <i>MetLife</i> )	1-866-292-9990 <a href="http://www.metlife.com/gic">www.metlife.com/gic</a>
Vision Benefits for Managers, Legislators, Legislative staff and Executive Office staff ( <i>Davis Vision</i> )	1-800-650-2466 <a href="http://www.davisvision.com">www.davisvision.com</a>

### Other Resources

Massachusetts Teachers' Retirement System	1-617-679-6877 (Eastern MA) 1-413-784-1711 (Western MA)
Medicare ( <i>Federal Program</i> )	1-800-633-4227 <a href="http://www.medicare.gov">www.medicare.gov</a>
Social Security Administration ( <i>Federal Program</i> )	1-800-772-1213 <a href="http://www.ssa.gov">www.ssa.gov</a>
State Board of Retirement	1-617-367-7770 <a href="http://www.mass.gov/retirement">www.mass.gov/retirement</a>

### Other Questions

Group Insurance Commission TDD/TTY Access	1-617-727-2310 1-617-227-8583 <a href="http://www.mass.gov/gic">www.mass.gov/gic</a>
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Cynthia McGrath, Editor

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## Inside...

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# COBRA Subsidy Recipients Who Later Become Eligible for Insurance Coverage Must Notify the GIC to Avoid A Penalty

Individuals who have qualified and received the 65 percent subsidy for COBRA health insurance, due to involuntary termination from a prior job, are required by federal law to notify the GIC if they become eligible for other group health coverage.

The American Recovery and Reinvestment Act of 2009 provides a subsidy of 65 percent of the COBRA health insurance premium for employees involuntarily terminated between September 30, 2008, and December 31, 2009. The subsidy requires only 35 percent of the premium to be paid for COBRA coverage for individuals and their families who have involuntarily lost their job and do not have coverage available elsewhere.

If you become eligible for other group health coverage, you must notify the GIC in writing that you are no longer eligible for the COBRA subsidy: complete and return the form included on page 9 of the ARRA COBRA application (available on the GIC's website: [www.mass.gov/gic](http://www.mass.gov/gic)) or write to the GIC advising us of the new coverage and effective date of that coverage.

*If you continue to receive the subsidy after you are eligible for other group health coverage, such as coverage from a new job or Medicare eligibility, you may be subject to the new IRC § 6720C penalty of 110 percent of the subsidy provided after you became eligible for the new coverage. Contact the IRS for additional details: [www.irs.gov](http://www.irs.gov).*